

Josiah H. Beeman Commission
Interim Report

Fairfax County Board of Supervisors

Joint Meeting of the
Human Services Committee and the Housing Committee

November 26, 2007

Introduction

As outlined in its charter, the Josiah H. Beeman Commission was established to advise the Board of Supervisors on the future direction and design of the mental health services delivery system serving Fairfax County, the City of Fairfax, and the City of Falls Church. This interim report summarizes work and activities of the Commission since its initial meeting in February.

Commission membership includes:

- **Mary Ann Beall**, Chair, Fairfax-Falls Church Community Services Board, Fairfax, VA
- **Mary Ann Bergeron**, Executive Director, Virginia Association of Community Services Boards, Glen Allen, VA
- **Gary Cyphers**, Deputy Executive Director, American Public Human Services Association, Washington, DC
- **David Dangerfield, D.S.W.**, President/CEO, Avalon Health Care, Inc. Salt Lake City, UT, and former Chief Executive Officer, Valley Mental Health, Salt Lake City, UT
- **Larry Davidson, Ph.D.**, Associate Professor of Psychology in Psychiatry; and, Director, Program for Recovery and Community Health, Yale University School of Medicine, New Haven, CT
- **Joan Dodge, Ph.D.**, Senior Policy Associate, National Technical Assistance Center on Children's Mental Health, Georgetown University, Washington, D.C.
- **Robert Drake, M.D., Ph.D.**, Professor of Psychiatry and Community and Family Medicine, Dartmouth Medical School and Dartmouth Psychiatric Research Center, Lebanon, NH
- **Diane Grieder, M.Ed.**, Owner/President, AliPar, Inc./Quality Behavioral Health Resources, Suffolk, VA
- **Charles Hall, M.Ed.**, Executive Director, Hampton-Newport News Community Services Board; and, Member of Commonwealth of Virginia Commission on Mental Health Law Reform, Hampton, VA
- **Sonia Jurich, M.D., Ed.D.**, Research Associate, RMC Research Corporation, Arlington VA
- **Ronald Manderscheid, Ph.D.**, Director of Mental Health & Substance Use Programs, Constella Group, Inc., Rockville, MD
- **Mattie Palmore**, Vice Chair, Fairfax-Falls Church Community Services Board; and, Special Magistrate, Fairfax, VA
- **Russell Pierce, J.D.**, Regional Coordinator of Recovery and Inclusion Services, Pathway Homes, Fairfax, VA
- **Sherry Rose**, Peer Advocate, Fairfax, VA

- **Yvette Sangster**, Program Director, Protection and Advocacy for Individuals with Mental Illness (PAIMI), Georgia Advocacy Office, Decatur, GA
- **James Scott**, Delegate, 53rd District, Virginia House of Delegates, Richmond, VA; and, Assistant Vice President for Community Affairs, INOVA Health Systems, Fairfax, VA
- **James Stewart, III**, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services; and, Member of Commonwealth of Virginia Commission on Mental Health Law Reform Richmond, VA
- **Carol Ulrich, Esquire**, President, National Alliance on Mentally Illness of Northern Virginia; and, Member of Commonwealth of Virginia Commission on Mental Health Law Reform, Reston, VA

As a Commission, we have spent time building a framework for our recommendations. This framework includes the following Vision, Philosophy, and Values and Guiding Principles.

Commission Vision

This Commission has adopted as its vision the following vision statement from the *New Freedom Commission on Mental Health*¹.

“We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community.”

Commission Philosophy

Mental health is fundamental to overall health and it is a shared community responsibility. Anyone with or vulnerable to mental illness should have access to a comprehensive and coordinated system of services and supports. This system should include treatment and other critical supports such as affordable and safe homes, meaningful work opportunities and/or education, primary health care, and supports to families and children. This shared community responsibility is comprised of services and supports provided by public and private entities and public-private partnerships as well as those provided by families, peers, friends, advocates and other groups and individuals in the community. Services and supports should be designed to build resilience and facilitate individualized recovery.

¹ *New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, 2003*

Commission Values and Guiding Principles

In framing the values and principles to guide the Commission's work, members referred to *Improving the Quality of Health Care for Mental and Substance-Use Conditions*², *From Study to Action: A Strategic Plan for Transformation of Mental Health Care*³, *Building Systems of Care: A Primer*⁴, and *Recovery Core Values*⁵. Not surprisingly, there is much commonality among the values and principles identified in these references. While each member brings his or her own set of values to guide this work, we are heartened at the commonality of values among members.

As a group, we have agreed to the following set of primary values upon which we will build our recommendations to the Board of Supervisors:

- **ACCESS**
Assurance that services and supports are timely, appropriate to needs, and sufficient to reach the identified outcomes in order to restore and sustain individual and family integration in the community.
- **COMMUNITY-BASED SERVICES and SUPPORTS**
Services and supports in which the locus of those services and supports as well as management and decision-making responsibility rest at the community level and directed by the individual along with their choice of persons in his/her natural support system.
- **CULTURAL COMPETENCE**
All persons providing services and support will have an understanding of, and responsiveness to cultural, racial or ethnic differences in all areas of services and supports.
- **EFFECTIVENESS and MEASURABLE RESULTS**
Services based on the best scientific evidence at the time resulting in the achievement of desired outcomes of choice for the individual.

² *Institute of Medicine (IOM) Quality Chasm Series: Improving the Quality of Health Care for Mental and Substance-Use Conditions, Six Aims of High-Quality Health Care and Ten Rules to Guide the Redesign of Health Care - 2006*

³ *From Study to Action: A Strategic Plan for Transformation of Mental Health Care, IOM Aims and Rules in the Language of Mental Health - 2006*

⁴ *Building Systems of Care: A Primer, Values and Principles for the System of Care - 2002*

⁵ *Recovery Core Values, developed by People in Recovery to advise Connecticut's Department of Mental Health and Addiction Services during the restructuring of its treatment system*

- **EQUITY**
Provides services and supports that do not vary in quality because of personal characteristics of the individual such as severity of disability, gender, ethnicity, geographic location and socioeconomic status.
- **FAMILY INVOLVEMENT, SUPPORT and EDUCATION**
Individuals and their families are participants in all aspects of the planning, delivery of services and supports as chosen by individual and appropriate by age and circumstance. A robust system of support for families experiencing the mental illness of a family member is an important part of a service delivery system.
- **INVOLVEMENT with NATURAL COMMUNITY SUPPORTS**
Individuals and families are seen as having important social connections with other organizations, services and affiliations that are in their community and these connections serve as a network and resources for supports, activities and education.
- **PERSON-CENTERED SERVICES and SUPPORTS**
A highly individualized consumer and family directed approach used to understand each individual's and family's history, strengths, needs and vision of their own treatment and needed natural supports to promote resiliency and recovery.
- **PREVENTION and EARLY INTERVENTION**
Maintenance of wellness, early identification, and early intervention that builds protective and resiliency factors and enhances the likelihood of positive outcomes for everyone.
- **RESPECT**
Deference and honoring of the unique preferences, strengths, and dignity of each person in their choice of services and supports.
- **SAFETY**
Services and supports are provided in an emotionally and physically safe, compassionate, trusting and caring treatment/working environment for all persons with a psychiatric disability, family members, staff, and the community.
- **SERVICE INTEGRATION**
Coordinated and collaborative services and supports with consistent practice models and strategies and cooperation across systems and among mental health providers to ensure the appropriate and timely exchange of information and coordination of effective services and supports.
- **TRANSPARENCY**
All stakeholders in the service system have the information necessary to support both person/family-centered and systems-level informed decision-making. The policies, priority setting, and practices of the mental health delivery system should be transparent and accessible to members of the community.

Stakeholder Input

During the month of June, Commission members conducted conversations with stakeholders, including staff members from the Fairfax-Falls Church Community Services Board (CSB) and consumers at a number of facilities. Themes from these conversations are identified in the Consumer and Staff Conversations Summary which is posted as a link on the Josiah H. Beeman Commission web page and copies of which were distributed to all CSB service sites.

Building on these initial conversations, the Commission developed a plan to gather additional stakeholder input from:

- Consumers, and by that we mean persons (including children, youth, and families) receiving services; persons with psychiatric disabilities; persons living with mental health illnesses; persons with mental health needs
- Family Members/Significant Others of Consumers
- Service Providers, and by that we mean CSB staff as well as employees and volunteers associated with organizations that provide mental health services in Fairfax County

The Commission is utilizing the Recovery Oriented Systems Indicators (ROSI) survey to gather input from consumers of mental health services and similar surveys for family members/significant others of consumers and for providers of mental health services. The ROSI survey is a tool currently available through the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services and was developed by consumers in cooperation with Columbia University. This fall, web-based surveys will be available through a link on the Josiah H. Beeman Commission web page with paper/pencil versions available at all County libraries, each consumer operated drop-in center and CSB service sites. Analysis of survey results will:

- focus on variations in stakeholder group responses that show significant differences in scores between groups and significantly low scores of any group;
- compare scores to overall Virginia scores;
- and explore subscales within survey results.

During the winter, based on analysis of survey data, we will determine what additional stakeholder input may be necessary in order to inform our recommendations to the Board. While the format will be guided by the purpose of hearing from additional stakeholders, we anticipate the likelihood of such formats as focus groups and structured interviews with Commission member representation.

In the spring, after drafting our initial recommendations, we will create an opportunity for representatives of all stakeholder groups and other interested individuals to give feedback on all draft recommendations. This will allow us to subsequently gather once again to fine tune our recommendations for the Board based on stakeholder input.

Commission Deliverables

We are clear on the deliverables identified in the Commission Charter adopted by the Board of Supervisors on October 2006. The following section of this report summarizes our work to date on and plan for completion of the Consumer and System Outcomes deliverable specified in the charter. We have begun and will continue on the following deliverables: Clarification of the Appropriate Role(s) of Public Mental Health Services in the Service Delivery System; Identification of Service Populations; and Assessment of the Current System of Mental Health Service Delivery. In January we expect to begin work on the remaining deliverables including: the Design of the Service Delivery System; Identification of Measures to Gauge System Performance; and Development of Strategies to Support the System Design.

Earlier this year, as preparation to our work on chartered deliverables, we gathered information about the system. Specifically, we received orientations about Fairfax from Verdia Haywood and the Fairfax-Falls Church Community Services Board from James Thur and Mary Kudless and the experiences of Thomas Kirk (Connecticut) and Jim Reinhard (Virginia) two state commissioners on mental health. We heard about Fairfax County's mental health services for children and youth from representatives of the CSB, Family Services and Juvenile Court.

In reply to our many questions about the system, staff provided responses in the form of categorized portfolios of information. In response to our request to see first-hand some service delivery sites, we were given the opportunity to tour sites including Consumer Wellness Center of Falls Church; Crisis Care Program at Woodburn Place; Crossroads; Eleanor Kennedy Shelter; Program of Assertive Community Treatment; PRS, Inc.; Project to Assist Transition from Homelessness Team; and Woodburn Center for Community Mental Health.

We have had the opportunity to share information with and learn from each other. As examples, we have heard from:

- Chuck Hall, Jim Stewart and Carol Ulrich on activities of Virginia's Commission on Mental Health Law Reform
- Ron Manderscheid on Transformation and Quality Improvement
- Joan Dodge on Systems of Care: How They Can Work for Children/Youth and Their Families
- Bob Drake on the cornerstones of system design from a research perspective

Consumer and System Outcomes

We understand the importance of metrics in evaluating system performance. Consumer and system outcomes will be a key component of the framework or foundation for the Commission's system design recommendations. We began work on this deliverable by reviewing the National Outcome Measures (NOMs) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. These Outcomes include, but are not limited to, Increased Access to Services, Decreased Criminal Justice

Involvement, Increased/Retained Employment or Return to/Stay in School, Increased Social Supports/Social Connectedness, and Increased Stability in Housing.

As a group, we have identified additional Outcome areas for which we will likely develop measures. For example, Reduced Mortality would be a key outcome in that research indicates people with serious mental illness die, on average, 25 years earlier than the general population.⁶ As another example, we have identified Optimized Interface of Primary and Behavioral Health Care as a key outcome. We now have a strong evidence base demonstrating both the need and the potential to improve access, comprehensiveness, coordination, and continuity on the primary care/behavioral health interface.⁷

As a next step in clarifying Consumer and System Outcomes to be measured, the Commission has requested assistance of an outside expert to assure that it has the benefit of the latest research in outcomes measurement.

Conclusion

As the Commission progresses in its work on the deliverables chartered by the Board of Supervisors, members will continue to promote an environment that facilitates learning about and raises awareness of issues related to transformation of the mental health system. Many of us have and will continue to contribute articles, resources and links for inclusion in the Reference Library of the Josiah H. Beeman Commission webpage on the County's website.

We look forward to future opportunities to advise the Board on the progress of our work.

⁶ *Morbidity and Mortality in People with Serious Mental Illness*, National Association of State Mental Health Program Directors Medical Directors Council, 2006.

⁷ *The Primary Care/Behavioral Health Interface*, Mental Health, United States, 2004, U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services, Printed 2006.